



MAILMAN SCHOOL  
OF PUBLIC HEALTH  
Columbia University

HEILBRUNN DEPARTMENT OF POPULATION  
AND FAMILY HEALTH

May 1, 2005

Honorable Henry A. Waxman  
Ranking Minority Member  
Committee on Government Reform  
B350A Rayburn House Building  
Washington, DC 20515-6143  
Fax: 202-225-4784

Dear Representative Waxman:

Thank you for your letter of April 21, 2005, requesting my thoughts about the recently released website: <http://www.4parents.gov>. I understand a number of organizations have expressed reservations about this website. I share many of these concerns.

As you note in your letter, I am currently employed by Columbia University and worked previously for the US Centers for Disease Control and Prevention (CDC). I have also worked in adolescent medicine for many years and have often talked to teens and their parents about adolescent sexual health, including behaviors that put them at risk for unplanned pregnancy and sexually transmitted diseases. I have also been involved in many research studies of adolescent sexual risk taking and of prevention approaches to optimize the health and well-being of this vulnerable population.

Let me respond to each of your three questions in turn. In responding I would add a caveat that I have not tried to critique every page of the website. Instead I have tried to point out some of the key systemic problems with the website.

Question 1: *"How would you characterize the overall approach of <http://www.4parents.gov>?"*

My overall impression is that, while the website has some correct facts about sexually transmitted infection (STI) risk, its primary message -- that sex outside of marriage is extremely dangerous and the only solution is to abstain -- is unrealistic and unlikely to work. It provides little insight into why teenagers do engage in sexual activity. The primary prevention message is "talk to your kids" to stop them from having sex. This is not likely to be effective with most teenagers.

A primary problem with the website is the incompleteness of much of the information offered to parents. Abstinence until marriage seems to be the only goal offered to parents and teens and this message pervades many pages of the website. Other prevention approaches are ignored. For example, the website provides no information about contraception to prevent pregnancy and provides only very limited information on condoms to prevent HIV infection or sexually transmitted infections. The website uses language on the efficacy of condoms which is both limited and ignores information which is usually provided by CDC and the National Institutes of Health (NIH).

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Overall, the website portrays an abstinence-unless-married bias so overwhelming that it virtually abandons parents whose children are sexually active, providing them with no guidance in helping their children understand how to reduce their risks of pregnancy or STIs.

Question 2 : *"What is your view of the effectiveness of this approach?"*

I do not believe this approach to working with parents is likely to be effective.

Fear-based messages are not particularly effective in modifying behavior. There is little scientific evidence to suggest that discouraging confidence in condoms will induce youth to abstain from sexual activity, as young people don't engage in sexual intercourse because they have access to condoms. Further, undermining adolescents' confidence in condoms is likely to lead to non-use or inconsistent use of this method. Nor will they adopt abstinence if we describe the limitations of condom use. However, this often unstated assumption is implicit throughout the document.

The authors of the website seem unaware of the scientific evidence regarding parent-teen communication. Such research has often failed to find much impact of parent-adolescent communication alone. Other aspects of parent-adolescent interactions such as limit setting, clear values, and building a strong relationship -- which have been shown to reduce adolescent risk taking behavior -- are not well addressed. The scientific literature clearly suggests that merely promoting parent-adolescent communication is not likely to be a sufficient intervention in preventing sexual risk of pregnancy or STIs, particularly if the only communication message is "Don't have sex."

The webpage "What if your teen has already had sex?" is focused on having parents scare their adolescents about sex and promoting abstinence as a single behavioral solution. It provides no information on contraception other than condoms. It describes a very limited explanation about reproductive health care for teenagers. The website suggests that such care is primarily for detecting pregnancy and STIs. It fails to mention access to contraception or health care provider education and counseling.

Sexually active teenagers have a responsibility to avoid unplanned pregnancy and use of contraception is essential in preventing such pregnancies. The website provides little information about contraception to prevent pregnancy or STIs, other than condoms. Little information is available on the efficacy of condoms to prevent pregnancy or STIs. The primary message about condoms is that they do not work every time in preventing STIs. This is not a particularly useful message from the viewpoint of prevention or behavior change.

The website is reportedly designed for parents, however much of the information for parents is not likely to be particularly useful to them, for example, the table which lists specific STDs. While much of the information is technically correct, the underlying message is "be alarmed." Common symptoms are included with those which are less common, but more severe. Common transmission routes for STDs are lumped together with much less common or insignificant ones. Finally, information about treatment is overly incomplete or overly pessimistic. For example, for many treatable STIs, the table continually repeats "Antibiotics (permanent damage have occurred)."

Question 3: *"Is the information on the web site consistent with the state of scientific evidence on reproductive health, including the findings of public health agencies such as NIH and CDC?"*

The 4parents website substitutes opinions of The National Clearinghouse on Families & Youth which is funded by the Family and Youth Services Bureau within the Administration for Children and Families in HHS for the advice on reproductive health issues usually provided by CDC and NIH. For example CDC and NIH have spent countless hours reviewing the scientific evidence on the efficacy for condoms. Such work is reflected in the NIH condom report completed in 2000 (<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>, accessed 4/17/05) and in recent website posting

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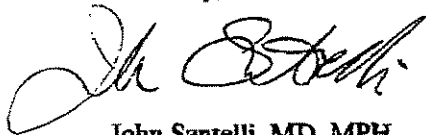
from CDC (<http://www.cdc.gov/nchstp/od/latex.htm> accessed 4/17/05). The 4parents.gov website includes some information about condoms from CDC and NIH but leaves out key consensus finding of the NIH condom report such as:

- *Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV*
- *Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.*
- *While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.*
- *Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.*
- *Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.*

In several places "information" in the report is of questionable accuracy and comes from the news media instead scientific sources. For example, the section on oral sex presents anecdotal information from a Washington Post report and Seventeen Magazine survey as accepted scientific fact. These stories to the contrary, there is little evidence that oral sex has increased over time or that this behavior has become widespread among 12 and 13 year olds. The statement that "oral sex is as dangerous in terms of disease as is intercourse" is incorrect. Most STIs are less commonly transmitted orally and/or are less likely to result in disease.

I hope this information is helpful to you and to your committee. If you have any questions please do not hesitate to contact me again.

Sincerely,



John Santelli, MD, MPH  
Professor and Chairman  
Heilbrunn Department of Population and Family Health

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